

- b. provided to elderly and disabled recipients receiving protective services from the Department of Protective Services by case managers employed by the provider agency who must at a minimum meet the education and work experience requirements established by the Department of Protective and Regulatory Services for the job class of Adult Protective Services Specialist I. Case managers must have:

a bachelor's degree from an accredited college or university; (one year of full-time experience in the agency in direct social service work may be substituted for one year (30 semester hours) of the required education, with a maximum substitution of two years); and

the knowledge, skills and abilities to perform their work, as determined by the Department of Protective and Regulatory Services.

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
- (1) Eligible recipients will have free choice of the providers of case management services.
- (2) Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same service.

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DATE REC'D <i>MAR 31 1994</i>	
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Service Limitations

- Case management services are not reimbursable as Medicaid services when another payor is liable for payment or if case management services are associated with the proper and efficient administration of the state plan. Case management services associated with the following are not payable as optional targeted case management services under Medicaid:
 1. Medicaid eligibility determinations and redeterminations;
 2. Medicaid eligibility intake processing;
 3. Medicaid preadmission screening;
 4. Prior authorization for Medicaid services;
 5. Required Medicaid utilization review;
 6. Early Periodic Screening, Diagnosis and Treatment (EPSDT) program administration;
 7. Medicaid "lock-in" provided for under the Social Security Act, Section 1915(a);
 8. Services that are an integral or inseparable part of another Medicaid service;
 9. Outreach activities that are designed to locate individuals who are potentially Medicaid eligible;
 10. Any medical evaluation, examination, or treatment billable as a distinct Medicaid-covered benefit. However, referral arrangements and staff consultation for such services are reimbursable as case management services.

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- The provision of targeted case management services will be recorded in a monthly Record of Contact form which meets the federal Targeted Case Management documentation requirements identified in Section 4302.2 of the State Medicaid Manual (December 1991) and which is a part of the client's case record. A unit of service is defined as a one month of case management, provided that a minimum of one contact meeting the description of a case management activity with or on behalf of the recipient has been documented during the calendar month claimed. Case narratives provide ongoing documentation of the case manager's contacts with or on behalf of the recipient and support the monthly record of contact form.
- A maximum of one unit of targeted case management service will be reimbursed per eligible case per calendar month. A case is defined as a family unit for the purpose of recipients receiving in-home services. Reimbursement will be provided for targeted case management services for a maximum of one Medicaid-eligible child per family unit per month when there is more than one Medicaid-eligible child within a family unit. In the event a case consists of a family where not all of the members are Medicaid-eligible, case management services will only be provided for the benefit of the Medicaid-eligible child.
- A case is defined as an eligible individual for the purpose of recipients receiving foster care services.
- A case is defined as an eligible individual for the purpose of recipients receiving Adult Protective Services.
- A case is defined as an eligible individual for the purpose of recipients receiving adoption services or assistance.
- Case management services shall not be billed for any recipient already receiving case management services as part of a 2176 Home and Community Based Waiver.

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